

910

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS <u>126a</u>	State Index No. <u>871</u>	
City of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>204</u>	
Local Registrar's No. _____			
FULL NAME OF CHILD <u>Virginia Naomi Carpenter</u>		Born <u>YES</u>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <u>YES</u>	
Sex of Child <u>Female</u>	Twin <u>Single</u>	Number in order of birth <u>1</u>	Legitimate <u>Yes</u>
Date of Birth <u>April 12</u>	Month <u>4</u>	Day <u>12</u>	Yr. <u>1917</u>
FATHER		MOTHER	
Full Name <u>John Carpenter</u>		Full Maiden Name <u>Margaret Tessier</u>	
Residence <u>Miami, Ariz.</u>		Residence <u>Miami</u>	
Color or Race <u>White</u>		Color or Race <u>White</u>	
Age at last Birthday <u>27</u> (Years)		Age at last Birthday <u>20</u> (Years)	
Birthplace <u>Iowa</u>		Birthplace <u>Yorktown Texas</u>	
Occupation <u>Boilermaker Helper</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>April 12</u> , 191 <u>7</u> , at <u>2</u> P. M.			
*When there is no attending physician or midwife, then the householder should make this return.			
(Signature) <u>[Signature]</u>		(Attending physician, midwife, householder)	
Given or Christian name added from a supplemental report _____ 191 <u>7</u>		Address <u>[Address]</u>	
539-412-439 COUNTY REGISTRAR.		LOCAL REGISTRAR <u>[Signature]</u> COUNTY REGISTRAR.	